



MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS  
AND PROFESSIONAL REGISTRATION  
LICENSING SECTION  
**APPLICATION FOR NAVIGATOR LICENSE**

P.O. BOX 690 OR  
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES  
JEFFERSON CITY, MISSOURI 65102  
**THIS FORM MAY BE DUPLICATED**

PLEASE PRINT OR TYPE										
1. SOCIAL SECURITY NUMBER					2. DATE OF BIRTH					
3. LAST NAME			JR./SR., ETC.		4. FIRST NAME			5. MIDDLE NAME		
6. RESIDENCE/HOME ADDRESS (PHYSICAL STREET)			7. P.O. BOX	8. CITY			9. STATE	10. ZIP CODE	11. COUNTRY	
12. HOME TELEPHONE NUMBER			13. MOBILE TELEPHONE NUMBER				14. PERSONAL EMAIL ADDRESS			
15. GENDER (CHECK ONE) <input type="checkbox"/> Male <input type="checkbox"/> Female		16. ARE YOU A CITIZEN OF THE UNITED STATES? (CHECK ONE) (IF NO, PLEASE ATTACH DOCUMENTATION THAT PROVES YOUR ELIGIBILITY TO WORK IN THE UNITED STATES) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, of which country are you a citizen?								
17. BUSINESS ENTITY NAME										
18. BUSINESS ENTITY ADDRESS (PHYSICAL STREET)			19. P.O. BOX	20. CITY			21. STATE	22. ZIP CODE	23. COUNTRY	
24. BUSINESS TELEPHONE NUMBER (INCLUDE EXT.)		25. BUSINESS FAX NUMBER		26. BUSINESS E-MAIL ADDRESS			27. BUSINESS WEBSITE ADDRESS			
28. APPLICANT'S MAILING ADDRESS		29. P.O. BOX	30. CITY			31. STATE	32. ZIP CODE	33. COUNTRY		
34. LIST ALL OTHER ASSUMED, FICTITIOUS, ALIAS, MAIDEN OR TRADE NAMES YOU HAVE USED IN THE PAST.										

**BACKGROUND INFORMATION**

35. The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, received a suspended imposition of sentence ("SIS") or suspended execution of sentence ("SES"), or are you currently charged with committing a crime? ☐ YES ☐ NO

"Crime" includes a misdemeanor, felony, or a military offense. You may exclude any of the following if they are/were misdemeanor traffic citations or misdemeanors: driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. You may also exclude misdemeanor juvenile convictions.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, having entered an Alford Plea, or having been given probation, a suspended sentence, or a fine.

"Had a judgment withheld or deferred" includes circumstances in which a guilty plea was entered and/or a finding of guilt was made, but imposition or execution of the sentence was suspended (for instance, the defendant was given a suspended imposition of sentence or a suspended execution of sentence – sometimes called an "SIS" or "SES").

Unless excluded by the language above, you must disclose convictions that have been expunged.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration? ☐ YES ☐ NO

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You must INCLUDE any business so named because of your actions, in your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges and/or a final judgment.

**BACKGROUND INFORMATION**

3. Have you failed to pay state or federal income tax? ☐ YES ☐ NO
- Have you failed to comply with an administrative or court order directing payment of state or federal income tax? ☐ YES ☐ NO
- If you answer yes, you must attach to this application:
- a) a written statement explaining the circumstances of each administrative or court order;
  - b) copies of all relevant documents (i.e. demand letter from the Department of Revenue or Internal Revenue Service, etc.);
  - c) a certified copy of each administrative or court order, judgment, and/or lien; and
  - d) a certified copy of the official document which demonstrates the resolution of the tax delinquency (i.e. tax compliance letter, etc.).
4. Are you currently a party to, or ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? ☐ YES ☐ NO
- If you answer yes, you must attach to this application:
- a) a written statement summarizing the details of each incident,
  - b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit and/or arbitration, or mediation proceedings, and
  - c) a certified copy of the official document which demonstrates the resolution of the charges and/or a final judgment.
5. Have you ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? ☐ YES ☐ NO
- Has any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? ☐ YES ☐ NO
- Have you or any business in which you are or were a member or manager of a Limited Liability Company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? ☐ YES ☐ NO
- If you answer yes, you must attach to this application:
- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving a navitakor license, and
  - b) copies of all relevant documents.
6. Do you currently have or have you had a child support obligation? ☐ YES ☐ NO
- If you answer yes:
- a) are you in arrearage? ☐ YES ☐ NO
  - b) by how many months are you in arrearage? \_\_\_\_\_ months
  - c) what is the total amount of your arrearage? \_\_\_\_\_
  - d) are you currently subject to a repayment agreement to cure the arrearage? ☐ YES ☐ NO
  - e) are you in compliance with said repayment agreement? ☐ YES ☐ NO
  - f) are you the subject of a child support related subpoena/warrant? (If you answer yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.) ☐ YES ☐ NO
  - g) have you ever been convicted of a misdemeanor or felony for failure to pay child support? ☐ YES ☐ NO

**EMPLOYMENT HISTORY**

36. Account for all time for the past five years. List all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

			FROM		TO		POSITION HELD
			MONTH	YEAR	MONTH	YEAR	
NAME							
CITY	STATE	COUNTRY					
NAME							
CITY	STATE	COUNTRY					
NAME							
CITY	STATE	COUNTRY					
NAME							
CITY	STATE	COUNTRY					

**EXAMINATION REQUIREMENT**

37. Have you successfully passed a written examination relating to the license for which you are applying?

☐ YES ☐ NO

**UPON SUCCESSFUL PASSAGE, PROVIDE DOCUMENTATION TO MO DIFP - INSURANCE.**

**APPLICANT'S CERTIFICATION AND ATTESTATION**

38. The Applicant must read the following very carefully:

1. I hereby certify, under penalty of perjury, that all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. I further certify that I grant permission to the Director to verify my information with any federal, state and/or local government agency, current or former employer, or insurance company.
3. I further certify under penalty of perjury, that a) I have no outstanding state or federal income tax obligations, or b) I have an outstanding state or federal income tax obligation and I have provided all information and documentation requested in Background Information Question 35.3.
4. I further certify, under penalty of perjury, that a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the Director to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other governmental organization. I further release the Director and all persons acting on the Director's behalf from any and all liability of whatever nature by reason of furnishing such information.

ORIGINAL APPLICANT SIGNATURE

FULL LEGAL NAME (PRINTED OR TYPED)

DATE (MONTH/DAY/YEAR)

**INSTRUCTIONS**

1. All applicants must submit a \$25 application fee in the form of a check or money order, made payable to DIFP - Insurance.
2. Mail completed application to: MO DIFP – Insurance  
P.O. Box 4001  
Jefferson City, MO 65102-4001